



State of Utah
Department of Commerce

Division of Occupational and Professional Licensing

JON M. HUNTSMAN, JR.
Governor

FRANCINE A. GIANI
Executive Director

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Division Director

**Notification Form for Pharmacy Technicians
for Formal Programs**

Name of Formal Training Program: _____

Address of Training Program: _____

City, State and Zip of Training Program: _____

Training Start Date: ____/____/____ Anticipated Date of Completion: ____/____/____

Instructor's Name: _____ Instructor's Phone: (____) ____ - ____

Additional Program Contact: _____ Phone: (____) ____ - ____

Name of Person Arranging Clinical Sites: _____ Phone: (____) ____ - ____

Student's Name: _____

Student's Home Address: _____

Student's City, State and Zip: _____

Student's Phone Number: (____) ____ - ____

Student's Social Security Number: ____ - ____ - ____

Student's Gender: ☐ Male ☐ Female

Student's Date of Birth: ____/____/____

Comments: _____

Send Form to: **Utah Board of Pharmacy
PO Box 146741
Salt Lake City Utah 84114-674**

Please make copies of this form for future use. This form must be submitted PRIOR to beginning training of pharmacy technicians. Approval must be given by the Division before beginning a program. Training done in a non-approved program will not be given credit, and training will have to be repeated in an approved program.